



ARKANSAS STATE POLICE CRIMES AGAINST CHILDREN DIVISION

Notice of Overturned True Child Maltreatment Investigative Determination to
☐ Licensing/Registering Authority ☐ Employer ☐ Volunteer Coordinator

To: _____

Address: _____

From: _____

Phone: _____

County of Referral: _____ Primary Assigned County: _____

Date: _____ CHRIS Referral # _____

Re: Name of Alleged Offender: _____

This notice is being provided to you because you were previously provided notice regarding this hotline report.

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date) _____.

This is your notice that the original true finding has been overturned on appeal by an administrative law judge, and the offender's name will not be placed in the Child Maltreatment Central Registry.

The type of alleged maltreatment was _____.

CACD INVESTIGATOR PRINTED NAME

CACD INVESTIGATOR SIGNATURE